



NH Office of Highway Safety Final Report - Equipment HS-8E



This form must be completed and submitted to the NH Office of Highway Safety.

Organization Information

Organization:

Contact Name & Title:

Project Name & Number: 20-

Telephone:

Email:

Equipment Information

Date of Purchase:

Equipment Description:
(include Quantity)

Make & Model:

Serial Number(s):

Vendor & Contact Info:

Date Installed:

Date In Active Use:

The project goal stated on your application:

Summarize the effectiveness of this Equipment Project and how it has helped your organization meet your yearly goals:

Please indicate any concerns or issues regarding this Equipment Purchase, including installation, training, or connectivity: